

City License Fee: **\$30.00** (yearly certification January 1 through December 31 of current year)

City License #:

Applicant Name: _____

Company Name

Doing Business As (DBA): _____

Business Address:

(Street, City, State, Zip) _____

Mailing Address (if different):

(Street, City, State, Zip) _____

Website: _____

Local Business Phone: _____

Cell Phone: _____

Email: _____

Fax: _____

Home Address:

(Street, City, State, Zip) _____

Owner(s)Name:

(if different than individual applying
for license) _____

Phone _____

Phone _____

Date Business Started: _____

**Date of Start in
Louisville:** _____

Federal Tax I.D. Number: _____

Are you a sole proprietor: YES ☐

NO ☐

Certificate of Liability Insurance:

Minimum Requirements: Colorado Workers Compensation as required by State Law,
\$100,000 bodily injury to any one person, \$300,000 bodily injury for any one occurrence,
and \$100,000 property damage.

Carrier: _____

(Attach Certificate for City of Louisville)

**I have read and understand the requirements for the city of Louisville Arborist
license.**

YES ☐

Initials:

Are you a certified arborist?

YES ☐

NO ☐

**Please provide professional certification, organization, certificate number, and
Date of Expiration (Attach copy of card to this application).**

If you or your company will be working within the City Right of Way (ROW),
a ROW permit must be obtained from the Public Works & Engineering
Department. Visit the [Right-Of-Way & Easement Permits](#) web site for ROW
requirements or contact the [Public Works Engineering Division](#) at 303.335.4608.

Applicant Signature and Title

I declare under penalty of perjury that the statements made in this application
are true and complete to the best of my knowledge, and I certify all tree work
will be performed under the direct supervision of a qualified arborist and I will
comply with ANSI Standards.

Applicant Signature

FOR OFFICE USE ONLY:

☐

New Application

☐

Renewal

City License Expires: _____

**RETURN COMPLETED FORM WITH PAYMENT AND ATTACHMENTS TO CHRIS LICHTY, PARKS & RECREATION, 739 S. 104th Street,
LOUISVILLE, CO 80027, 303-335-4733 or fax to 303-335-4758 or email to chris@louisvilleco.gov**